

MAR 25 2009

Garden West Office Plaza  
Suite 220  
1900 Garden Road  
Monterey, CA 93940  
Tel. 831-655-0880  
Fax 831-655-0888

**GUNNISON, McKAY & HODGSON, LLP****FACSIMILE TRANSMISSION**

To: Commissioner for Patents From: Serge J. Hodgson  
Fax: 571-273-8300 Total no. of pages: 3 (including this page)  
Date: March 25, 2009

---

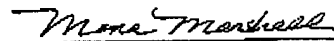
Re: First Named Inventor: Gary M. Moore  
Assignee: Moore Epitaxial Inc.  
Title: GAS FLOW CONTROLLER SYSTEM  
Application No.: 09/399,611 Filing Date: September 20, 1999  
Patent No.: 6,799,603 Issue Date: October 5, 2004  
Attorney Docket No.: MTEC1010

---

Enclosed herewith is a Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (2 pages).

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on the date shown below.

  
Mona Marshall

March 25 2009  
Date of Signature

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

MAR 25 2009

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/399,611
	Filing Date	September 20, 1999
	Patent Number	6,799,603
	Issue Date	October 5, 2004
	First Named Inventor	Gary M. Moore
	Attorney Docket Number	MTEC1010

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application; and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number 23513

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

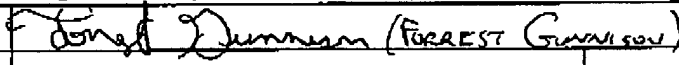
<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input checked="" type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

**Certifications**

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

1.	<input checked="" type="checkbox"/>	I/We have given reasonable notice to the client, prior to the expiration of the response period that the practitioner(s) intend to withdraw from employment
2.	<input checked="" type="checkbox"/>	I/We have advised the client or a duly authorized representative of the client that all papers and property to which the client is entitled will be returned upon receipt of written directions for return. No funds are involved.
3.	<input checked="" type="checkbox"/>	I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS			
Complete the following section only when the correspondence address will change. <i>Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.</i>			
Change the correspondence address and direct all future correspondence to:			
A.	<input type="checkbox"/>	The address of the inventor or assignee associated with Customer Number: _____	
OR			
B.	<input checked="" type="checkbox"/>	Inventor or Assignee name	Moore Epitaxial, Inc.
Address 1905 N. MacArthur Drive			
City	Tracy	State	CA
Zip	95376	Country	US
Telephone			Email
I am authorized to sign behalf of myself and all withdrawing practitioners.			
Signature	 Reg. No. 32,899		
Name	Serge J. Hodgson		Registration No. 40,017
Address Gunnison, McKay & Hodgson, L.L.P. 1900 Garden Road, Suite 220			
City	Monterey	State	CA
Zip	93940	Country	US
Date	March 25, 2009		Telephone No. (831) 655-0880
NOTE: Withdrawal is effective when approved rather than when received.			